







# Harvard Medical Alumni Bulletin

Volume 21, Number 2

January, 1947



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falls**

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## Medical School Notes



### "—AND GLADLY TEACH"

During 1946, Father Time cut heavily into the academic ranks, the following men being retired:

James B. Ayer, M.D., James Jackson Putnam Professor of Neurology, and Head of the Department of Neurology at the Massachusetts General Hospital, and Chairman of the Department.

Frederick C. Irving, M.D., William Lambert Richardson Professor of Obstetrics and Head of the Department.

Richard M. Smith, M.D., S.D., Thomas Morgan Rotch Professor of Pediatrics and Head of the Department at the Children's Hospital.

Foster S. Kellogg, M.D., Clinical Professor of Obstetrics.

Frank R. Ober, M.D., John B. and Buckminster Brown Clinical Professor of Orthopaedic Surgery and Head of the Department at the Children's Hospital.

Frank A. Pemberton, M.D., Clinical Professor of Gynaecology, and Head of the Department.

Marius N. Smith-Petersen, M.D., Clinical Professor of Orthopaedic Surgery, and Head of the Department at the Massachusetts General Hospital.

### NEW APPOINTMENTS

Dr. Charles Alderson Janeway has been appointed Thomas Morgan Rotch Professor of Pediatrics and Physician-in-Chief to the Infants' and Children's Hospitals.

Dr. Janeway graduated from Yale in 1930, and received his medical degree from Johns Hopkins in 1934. He interned in Medicine at Boston City Hospital from 1934 to 1936 on the Fourth Medical Service, and returned to Hopkins as Assistant Resident Physician during 1936 and 1937.

He came to Harvard as Research Fellow

in Bacteriology and Immunology in 1937, and has held an appointment in that field from 1938 until the present.

He joined the staff of the Peter Bent Brigham Hospital in 1939 as Associate in Medicine, and he was rapidly promoted in the Medical School from Assistant in Medicine in 1939 to Instructor in 1940, to Associate in 1941, and to Assistant Professor of Pediatrics in 1942.

During the war, his immunological background led him into close association with the work being done by Professor Cohn in the Department of Physical Chemistry. Dr. Janeway conducted the clinical studies on the products of plasma fractionation under contract between the O.S.R.D. and Harvard. The usefulness of human albumen as a blood substitute was thus determined, followed by studies on the globulin fractions. This led directly to the study of measles prophylaxis, and to his appointment to the Isolation Unit at the Children's Hospital in 1941.

He was made a member of the Commissions on Neurotropic Virus Diseases and on Measles and Mumps of the Army Epidemiological Board, and he is also an Associate of the Commission on Virus and Rickettsial Diseases.

His interest in blood substitutes has brought him to the Chairmanship of the Division of Blood and Blood Derivatives of the Advisory Board on Health Service of the American Red Cross.

Dr. Joseph S. Barr has been appointed Clinical Professor of Orthopaedic Surgery and Head of the Department at the Massachusetts General Hospital.

He was born in Ohio and graduated from Wooster College in 1922. He received his M.D. from Harvard in 1926 and was a Surgical House Officer at the Peter Bent Brigham Hospital in 1926 and 1927. Following this he became an interne

in the Roentgenological Service at the Massachusetts General Hospital and the following eighteen months were spent on the Orthopaedic Service at the Children's Hospital and the Massachusetts General Hospital. He has been on the Orthopaedic Staff of the Massachusetts General Hospital and the New England Peabody Home for Crippled Children ever since. He was appointed instructor in Orthopaedic Surgery in 1940.

Dr. Barr had held a commission in the USN(R) since 1935 and in December 1941 was called to active duty. He remained in the Navy until December 1945 having reached the rank of Captain. His first two years in the Navy were spent for the most part as head of audio-visual section of the Bureau of Medicine and Surgery. Here he was responsible for making some one hundred odd training films of every variety as well as a medical film history of the war. In August 1944, he was appointed Chief of the Orthopaedic Service at the Naval Hospital, Bethesda, Maryland. While here he did investigative work on the subject of "Solid Blast Injuries" and their prevention. Upon his return to civilian life, he was appointed senior orthopaedic consultant to the West Roxbury Veterans and the Chelsea Naval Hospitals.

Dr. Charles Soucek Kubik has been appointed Assistant Professor of Neurology and head of the Department at the Massachusetts General Hospital.

He graduated from the University of Kansas in 1912 and received his medical degree from Rush Medical College in 1914 and interned at the Cook County Hospital in 1915 and 1916.

He joined the Army in 1917 and rose to the rank of Captain, commanding an ambulance company attached to the 33rd Division. He did graduate work at the National Hospital, Queens Square, London in 1924-1926. This was mostly clinical work although pathology claimed considerable attention. Upon his return to this country, he interned for a year at the Boston Psychopathic Hospital. From then on he

has been associated with the Massachusetts General Hospital where he has been Neuropathologist since 1934, and Assistant, Instructor, Associate and Assistant Professor of Neurology from 1927 to the present.

Dr. Robert E. Gross who has practised medicine in Boston almost continuously since his graduation from the Harvard Medical School in 1931, has been appointed William E. Ladd Professor of Child Surgery and Head of the Department of Surgery at the Children's Hospital.

Dr. William T. Green has been appointed Clinical Professor of Orthopaedic Surgery and Director of Orthopaedic Surgery at the Children's Hospital.

### *PEDIATRICS*

The Department of Pediatrics has within recent years undergone considerable changes which make it almost unique among departments of pediatrics in this country.

Until 1942, the department was organized as a single unit with a single budget administered by the Thomas Morgan Rotch Professor of Pediatrics. In February 1942, the organization of the department was changed by dividing it into two independent divisions; the Infants' and Children's Hospitals division and the Massachusetts General Hospital division. The administration of the H. M. S. Department of Pediatrics was placed under a committee consisting of Dr. James L. Gamble, Chairman, and the Chiefs of the two divisions. Each division was given a separate budget. This organization of the Department of Pediatrics makes it similar to that of Surgery and Medicine. It accords with the general policy of the Medical School of utilizing more than one hospital for clinical teaching; a policy that provides Harvard with large clinical facilities without itself having to shoulder the burden of a University hospital.

Perhaps accidentally, however, this reorganization created a unique opportunity and recent events indicate that the opportunity has been realized.





NEW BUILDING AT MASSACHUSETTS GENERAL HOSPITAL HOUSING BURNHAM MEMORIAL HOSPITAL  
AND VINCENT MEMORIAL HOSPITAL

The extension of the pediatric facilities at the Massachusetts General by the completion of the Burnham Memorial Hospital for Children this summer will provide a diagnostic and special treatment center for infants, children and adolescents at the Massachusetts Eye and Ear Infirmary with approximately 150 beds and extensive facilities for ambulatory patients. This division represents the philosophy of the provision of hospital pediatric care most common in this country and followed for example, by the Babies Hospital of the Presbyterian Medical Center and the Harriet Lane Home of the Johns Hopkins Hospital. It exemplifies the development of a pediatric clinic within a large general hospital where the specialist services of such a hospital are available to pediatric care.

The proposed development of a pediatric medical center at 'The Infants' and Children's Hospitals will considerably extend the already large facilities for bed and ambulatory patients at that children's medical center. This division represents the philosophy of the provision of pediatric hospital care by developing a general hospital restricted to that age group; followed, for example, by The Children's Hospital of Cincinnati and the Children's Hospital of Philadelphia.

These are, of course, arguments for both philosophies in the development of pediatric clinics. The unique opportunity that these developments within the Department of Pediatrics gives Harvard and this community is that of enjoying the benefits of both types of pediatric services.

# *Medicine in Soviet Russia*

EDWARD L. YOUNG, '09

During the past summer I had the opportunity of being a member of a delegation representing the American Society for Russian Relief who had been invited by the Soviet Government through the Russian Red Cross and Red Crescent Society to visit Russia and see at first hand some of the War devastation, what conditions are at present and what had become of the nearly ninety million dollars worth of goods sent to that country by the Russian War Relief. That was our joint mission, but in addition each member was interested in some special objective of his own. I was the only medical man in the party and my own study was concerned with the condition of medical practice in Russia, in so far as a short visit in the country would give it to me.

Because of the semi-official character of our mission we were aided in every way to accomplish as much as possible in the short time at our disposal. We went from Prague in a Russian plane and at Moscow we were taken in charge by VOKS, the Russian Society for Cultural Relation with Foreign Countries. Two of their members acted as our couriers making all arrangements for our travel, lodgings and interviews. The Government gave us a private plane and crew so that we covered about five thousand miles with no waste of time. We also had one of the Red Cross officials with us and an interpreter supplied by VOKS. One of our own group spoke Russian and to complete all this UNRRA loaned us the vice-chairman of their group working in the Ukraine—one who spoke fluent Russian and who acted as our official interpreter.

We visited Moscow, Minsk, Leningrad, Stalingrad, and Tbilisi with special side trips from each. Everywhere we were free to come and go as we wished without restrictions. Three of us had cameras and took pictures freely wherever we were. We said what we wanted to see and there was

never any hesitation in granting our requests.

We had numerous conferences with all kinds of groups: City officials, VOKS, the Red Cross, farmers, press, factory workers, physicians, etc., and they were always of great interest; there never was any restriction on the talk on either side—"no punches pulled." Naturally, we could see only a limited amount in twenty-five days, but so far as we were concerned the Iron Curtain, if it existed at all, was made of a metal new to science—it was both intangible and invisible.

Because of the War damage and the necessary dislocation of industry and transportation, there is a great scarcity of housing and consumer goods. These must wait for the all vital need of the rehabilitation of the heavy industries which are the life blood of the country. In such badly damaged areas as Minsk and Stalingrad, both completely destroyed, the condition of the people seemed very little above the level of bare existence. But, in spite of the poverty we were told that the steel industry of Stalingrad was back to 65% of the pre-war level—and knowing all this the people are doing without many of the necessities of life. In Stalingrad we saw rags or pieces of old inner tubes or roughly shaped pieces of wood tied on the feet for shoes, no stockings and clothing of the poorest. We wondered why the clearing of the rubble and the reconstruction of the city wasn't further advanced until we realized that there was not a single mechanical aid in the removal of rubbish, not even a wheelbarrow; a box with two handles at either end was filled by hand and then carried off by two women. Incidentally, equal rights for women, which is refused in this country, did not seem quite so desirable when we saw the heavy tasks which the Russian women were performing everywhere.

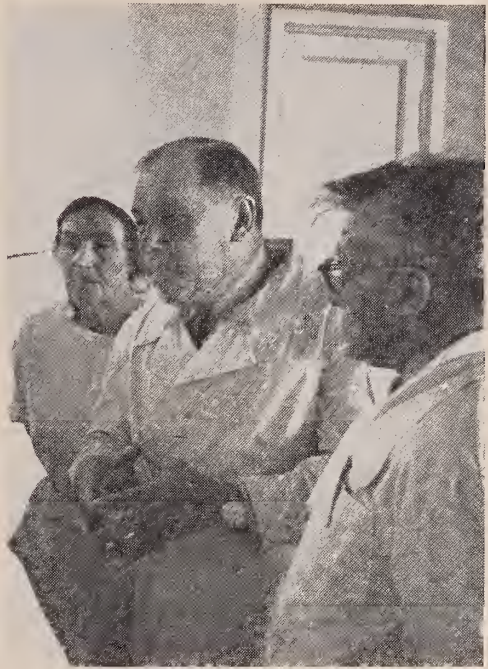
Because a large part of the goods sent



to Russia by Russian War Relief was in the form of medical supplies it was natural that we as a group should see some of the places where these supplies were used. In addition to the group visits I spent some time with the director or heads of departments of various hospitals, also one whole day with Dr. Yudin in the Sklifasovsky Institute of which he is the head.

There were many things which were of particular interest. First, one must become accustomed to the preponderance of women in the medical profession. I was told that 65% of the whole number of doctors are women; they are in all branches of the profession, but the top-most surgeons I met were men. The women were proud of the fact that they took an active part in the war work and saw service in many instances in the front lines.

Then, one is impressed by the organizing ability to meet and solve large problems. As soon as I knew I was going to Russia I asked what inoculations were required and was surprised to know that none were necessary as there was no epidemic anywhere in Russia. I think it is the first time in history when devastation at all comparable to what they suffered, and prolonged personal privation equal to theirs, has not been followed by some kind of serious epidemic. I asked several times from different men how this was accomplished and always got essentially the same answer, and the basis was the medical organization plus the (necessary) cooperation of the civilians. When the Germans had been driven out of a city and the army engineers with mine detectors had cleared the way, the doctors took charge. Always, the Russians claimed, the retreating Germans had not only wrecked the city and the sanitary system but had deliberately contaminated the water supply often with virulent pathogens. The medical corps inspected and corrected as rapidly as possible all sources of drinking water; they arranged for proper sanitation and checked the food supplies. As the civilian population began to come in they were carefully



AT BOTKIN HOSPITAL—SHOWING A FAMOUS CHEST SURGEON (A WOMAN)

“screened” by the physicians. Any slightest sign or symptom of disease put the bearer at once in a place of detention until he or she was safe to mingle with the others. The people were told what to eat and drink—how long they must continue to boil drinking water, how to manage sanitation, and in addition there was a personal inspection frequently enough to catch and stop any disease that might show itself; in other words, such a close supervision that, although it might be irksome to the people, it was efficient in preventing any epidemic.

We visited one large candy factory employing about 2,500 people. I found the same efficient organization there in the medical supervision of the workers. Each one had to have a physical examination once a week, a daily shower and manicure, a daily inspection of the hands, a blood test every six months and a careful periodic check of excreta, to be sure no parasites were present. According to Dr. Yu-





DR. YUDIN AND TWO ASSOCIATES

din round worm infection is common and frequently a serious complication in intestinal or gastro-intestinal resections. He showed me several specimens in the hospital museum where this had happened—they were of three general types: first, acute intestinal obstruction from a mass of round worms; second, the plugging of an enterostomy tube which had been put in for decompression after an intestinal resection; and third, actual damage at the suture line either from obstruction or opening at the anastomosis.

The same detailed organization in the care of children results in a program which equals, and I think may surpass, that of any other country in the world. As that is quite a statement for a surgeon to make I was glad to have it corroborated by Mrs. Stuart Mudd who is an expert in child guidance and who with Dr. Mudd spent some time in Russia this past summer. One third of the population of Russia today is made up of children. They are the future of the country and as such are given special care. Because of the enormous number of War casualties there are many war orphans—65,000 in Minsk alone. The Government encourages adoption into families as it feels that under those conditions a child gets the best opportunity for normal development, but there are still many who have to be cared for in State institutions. As soon as a child is born a record is started which is kept in the hospital center of

his district. Three medical attendants are assigned to each subdivision and the child is cared for not only in sickness but in health. He receives the protective inoculations when they are due. His parents are guided in his feeding, in his schooling, in his exercises and even in his behavior problems. He is sent to summer camps. In short he gets the best the Government and the medical profession can provide.

It is because of this excellent guidance which the parents get in regard to child behavior and the moral up-bringing of the child that there is practically no juvenile delinquency. If it exists at all, it does not constitute a major problem.

I was also told about the rehabilitation which had to take place in a large group of children that were in the occupied zone. Many of the children saw their parents tortured and brutally murdered, were themselves grossly maltreated, under-nourished, and when they came back into Russian hands were in a pitiful state of fear and many of them were mentally seriously damaged. The work that has been done with them has been remarkable and the cure has been accomplished in a surprisingly large percentage of these cases.

During the first three years of life the children are the direct concern of the Minister of Health. Then up to fourteen they are under the care of the Ministry of Education. If they move from one district to another their record follows them, and after fourteen it is transferred to the proper adult office. But in the study of normal development the Russians are well in front. In the Filatoo Children's Hospital in Moscow there is a special arrangement for the mother of a nursing baby who has to be hospitalized, to live at the hospital to supply milk for her child. If she lives nearby she may come in regularly for the same purpose. They had a Mother's Milk center in active operation but only used it in special cases. At this hospital, as at all others that I visited, I asked questions about new discoveries or methods of treatment in medicine or surgery, and I always

found they were up to date in their knowledge of medical literature. Here I asked if they had performed any of the surgery in selected cases of congenital heart anomalies. They said they had not but were only waiting for the proper case as they knew all about the work of Dr. Robert Gross and expressed great admiration for what he had accomplished. One of their prominent cardiologists, Dr. Rachael Friedman, said she had written Dr. Gross about some detail of diagnosis.

We were lucky to be in Russia on National Sports Day. This gave us an opportunity to see the end result of the exercises which are started first as passive exercises in the babies a few months old, going on to the grade exercises in the schools, then in the Sports Clubs, in fact throughout Russia where a sufficient number of people can get together. They love to do things together. They hate to do things alone. I could not find, for instance, that there was a single golf course in all of Russia and groups sports were indulged in everywhere.

On Sports Day a selected group from each republic and from large Sports Clubs chosen by competition did special stunts in the large Stadium near Moscow, where 90,000 people including Mr. Stalin and Mr. Molotov sat for nearly eight hours watching exercises which I know could not be duplicated anywhere else in the world. The pictures which came out in *Life* last Fall gave a totally inadequate idea of a remarkable spectacle.

Having been told that blood banks were started in Russia long before we had any in this country, I asked to be shown the one in operation in the Bothier Hospital in Moscow. I was surprised at the meticulous care that was used. Each donor has a complete physical. He or she is then completely disrobed and the whole arm scrubbed, and with the patient on a bed, the arm is draped as for a major operation. The covered arm is then put through an open window into a small room where two masked, gowned and gloved nurses

draw the blood. Donors who give blood beyond a certain number of times get recognition from the Government. During the war years that center alone handled over 600 donors a day. They told me how much blood they had sent to the front and it was measured in hundreds of tons. Blood banks are in active operation throughout the greater part of the country. In the smaller cities as in Minsk there is a central depot supplying all of the calls as they come in. Dr. Yudin started in 1930 to get blood for his blood bank not only from volunteers but also from cadavers. Every sudden death in Moscow is brought at once to his hospital and if the probable cause of death is cardiac, the blood is removed under aseptic conditions and if the later autopsy and blood studies show no disease, the blood is used. In the ten years between 1935 and 1945 there were 3,464 apparently suitable cases which reached the hospital within two and one-half hours after death. Thirteen percent had to be discarded but the remaining 3,014 supplied 6,092 litres for use.

In Leningrad we visited the Pediatric Medical Institute and the Central Traumatological Institute. These are both large hospitals of more than a thousand beds and are important institutions for medical education: the first largely for undergraduates and the latter for post-graduate work. From the latter small teams go to outlying districts to give special instruction to local physicians. Also connected with his hospital is a Central Ambulance Service. This office keeps on hand at all times a list of available hospital beds in the city and in case of need will assign accident cases where there is most room. Dr. Fedor I. Mashansky, the head of the Traumatological Hospital, is a neuro-surgeon of great ability, completely up to date in the work and literature of his own specialty. He had known Dr. Harvey Cushing and spoke of Dr. Dandy and his work and had a special admiration for Dr. Tracy Putnam. (New York papers please copy). I saw a good deal of him during the three





DR. YOUNG AT PEDIATRIC MEDICAL INSTITUTE

days that we were there and developed a great admiration for his ability and for his personal charm; also for what I learned from others of his remarkable work in the medical part of the defense of Leningrad of which he was the head.

I spent one whole day with Dr. Sergei S. Yudin at the Sklifasovsky Institute in Moscow. This is a hospital of 900 beds entirely under his direction. Of this number 150 are used for gynaecology cases while he and his large staff fill the rest. He has a large staff of surgeons under him, both men and women, and the amount and character of the surgery done there would be a credit to any clinic in the world. He had not expected me until I telephoned him shortly before, so it was a routine list that I saw and he apologized saying that it was smaller and less varied than usual, but I doubt if there is often such a list in any one clinic in this country. It included three total gastrectomies, two constructions of an artificial oesophagus, a cancer of the oesophagus, a very large diaphragmatic hernia, besides many less spectacular things. I saw him do a total gastrectomy including one inch of the oesophagus. This was done entirely by the abdominal route in one hour and ten minutes with excellent technique. When I checked the specimen afterward all the carcinoma was removed, but I thought that for most of us a trans-thoracic approach would have given greater assurance of a complete removal.

The anesthesia was spinal which he gave himself; this was true of all the cases I saw

and when necessary it was supplemented by inhalation. The patients whom I saw operated did not have the same amount of pre-medication to which we are accustomed. All patients receive one or more blood transfusions, but aside from that I did not see intravenous therapy anywhere. If they use it, it is not in evidence in the wards. Patients are kept in bed ten days after operation and where feeding by mouth is contraindicated, receive rectal nourishment. In talking with various surgeons I could not find that pulmonary complications play an important role.

There are an unusually large number of cases of oesophageal stricture in Russia. These occur in two groups: children, and members of the maintenance corps of automobiles, trucks, tanks or radios, where acid is part of the material used. For such cases Dr. Yudin has devised an operation transplanting a section of intestine under the skin of the chest and hitching it to the oesophagus in the neck. He has himself done over two hundred of these cases and taught the technique to others. I saw him do such a case. He divided the jejunum about a foot below Treitz ligament and then cut the mesentery for about two feet on the lower segment. This latter procedure seemed to be the most important part of the whole operation as he had to select what vessels to cut in order to leave an adequate blood supply for the piece of bowel that was to make the new oesophagus. In spite of all his precautions he had five cases where the intestine sloughed in slightly over 200 cases. With a blunt instrument he then made a large channel under the skin over the sternum and drew the intestine into this and hitched it to the skin on the left side of the neck. Four or five days later the neck is operated upon and an anastomosis done between the oesophagus and the gut. The only late complication which I heard of was an occasional lung abscess which Dr. Yudin ascribed to too rapid eating and bits of food getting into the lungs.



In the wards I saw dozens of these cases in all stages of healing. The children especially were eager to show me how well they could swallow, and it was a curious sight to watch a bolus of food wandering down under the skin of the chest wall. One man operated upon over a year ago came to the hospital for another minor ailment and was brought in to talk to me. He was working every day in a government position. He said of course he didn't like the new arrangement as well as a normal oesophagus but said it was better than the gastrostomy with which he had been living before. He said that he had regained his normal weight and was doing full time work.

After this description of the opportunities I had to see the medical work and to talk with the leaders in the profession, I can make the following comments: The failings come largely on the material side as might be expected after the enormous losses occasioned by the war; the buildings are not sufficiently up to date. The equipment is inadequate—it is enough to enable them to do good work but not what they should have. The lighting in the operating rooms should be improved. I saw instances where its lack was a marked handicap to the surgeon. There is not enough penicillin. There is a complete lack of screening, which makes the presence of flies and other insects a menace to the patients. All these things are material defects which can and presumably will be quickly remedied.

In certain lines of treatment they were using methods we think we have improved on. Burns are being treated locally with tannic acid and silver nitrates. Cancer of the cervix is being treated with operation and then radiation. They have never departed from this method, while we have left it and are now coming back to it. But when I leave the material side

and speak of the personnel, I have only admiration and praise for their professional ability. All physicians are state employees. They have to practice for the first three years after graduation wherever they are placed by the government, which usually gives them the choice of several places. After that, they are free to locate where they desire. They are allowed to have private patients if anyone wants to consult them in such a capacity; how extensive such practice is I could not determine. Nowhere did I get the feeling of any restriction on the part of the physician because of his relation to the State.

There are three things that stand out as I review my impression of Russian Medicine: First, their ability for organization as shown by the absence of any great epidemics in the badly devastated areas after liberation. Second, their care of children. And, third, the excellence of the surgery.

I had an interview with Mr. Miterev, the Minister of Health, and among other things asked him about the K. R. serum for cancer. This is a chemical substance elaborated by a trypanosome which has a special affinity for carcinoma cells which it destroys. It leaves behind a very intractable ulcer and because of that and other reasons it is still in the experimental stage, but does hold great possibilities for the future.

The main object of this interview was to try and arrange for an exchange of scientists between the two countries. Mr. Miterev expressed himself in full agreement with the principle and said he would try and get an official statement to that effect. So far this has not materialized and I am still working for it. Our State Department has given official agreement to such an exchange and soon I hope to have one more bridgehead between the U. S. A. and the U. S. S. R.

# Norway

CARROLL B. LARSON, M.D.

A chain of circumstances which originated in Norway, prompted by the desire of that country to honor an illustrious son, one Dr. M.N. Smith-Petersen, ended by my sojourn in said country for ten weeks this past summer. In retrospect my presence as a body guard for Dr. Smith-Petersen was well justified, as you will see, to guide him through the obligations, social and professional, that were outlined by the Norwegian hosts.

To begin with the obvious, no one can question the rare beauty that Norway affords the visitor when its mountains meet the ocean to form unending fjords. Each fjord in turn has individuality which is a heritage born of the generations who have lived in the gards or farms, and have survived the blows dealt by nature. The visitor can feel this as he looks at it and can sense immediately the basic traits of a pure people. They are rugged, stalwart, honest individualists, with a keen sense of humor born of hardships.

With this background of country and people, it is easy to understand to what little extent Norway was influenced by German occupation and what rapid recovery it has made since liberation. There are small changes, of course, but these would pass recognition unless pointed out by people who knew Norway before the war.

Material destruction could be seen only in certain areas near military objectives, such as the submarine base at Bergen with its 15-foot solid concrete walls. Here on a nearby hillside, where many residences once stood, there is now an uneven greenness produced by wild shrubbery and grass. In Oslo harbor an ammunition ship inadvertently blew up, and the concussion broke many plate glass windows in the downtown area. The shortage of glass was overcome by boarding the large openings into smaller single framed win-

dows. From this you can see that the main suffering was not in being bombed out. The gravest concern was the confiscation of food, clothing, and valuable personal properties. In the matter of salvage during confiscation, the ingenuity of Norwegians manifested itself in remarkable ways. A shiny, undented, smooth-running, nine year old Packard met us when we landed, and it later became evident that the self-same auto had been in hiding throughout the war. The secrets of such hidings resisted revelation. The thoroughness of the underground claims separate mention. For example, a member about to be arrested by the Gestapo was suddenly whisked away from home and within a matter of hours, his entire household belongings were in safe mountain storage. As a result, many of the homes have the necessary and also the luxury items in the way of china, silver, furniture, antiques and heirlooms. Certainly these were sufficiently in evidence to lend additional charm to the numerous social functions which befell us.

Our friends in Norway were determined that we should never know a dull moment and in this they succeeded. The first two weeks were spent on islands in the fjord, extended trips in the mountains, scenic excursions on fjord ferries and surveying points of historic interest. The following six weeks we settled down in Oslo for work but found that the hardest job was to choose which dinner party to attend each night. For the most accurate description of these dinners, I refer you to the November issue of *Vogue* magazine. Suffice it to say here that the friends we encountered were always well groomed, albeit their wardrobes were scant, and the food was delicious, even though the choice was limited. The proper wines fitted each course in spite of





purchase restrictions; in fact, the name of Dr. Smith-Petersen became a password among the limited local wine distributors and after a short time, at the mention of the name, they sent their best.

Many other occasions denoted the resumed normalcy of the country such as concerts, medical society meetings, opening ceremonies of the University, inter-European athletic events, unveiling of war monuments, and, last but not least, the daily band concert in the city park.

It would seem from the foregoing that life was all play and the purpose of our mission was neglected, but I dare not leave that impression. Actually I was awakened each morning, sometimes with difficulty, to breakfast with Dr. Smith-Petersen at 7:15. We started work promptly at 8:00 at the Ullevål Sykehus, which was essentially the City Hospital for Oslo. Dr. Semb, the Chief Surgeon, had long before our arrival advertised our coming. The resultant was a convergence of patients on our hospital from all parts of Norway, with definite emphasis on hip disabilities. To facilitate examinations, we finally resorted to mimeographed charts and, in very short time, the candidates recommended for operation, soon filled the operating schedule for the remainder of our stay. It was in the arrangement of this schedule that I showed prowess as a body guard. Dr. Smith-Petersen would have operated morning, noon and night because he was carried away by the enthusiastic acceptance

of recommended treatment by the unfortunates who, for the first time, had had offered them any relief from their special disabilities.

Through sheer effort and cunning, I kept the number of vitallium cup arthroplasties to a bare 26, not to mention a near absence of other operations. These having all been done in a short span of time, it was a rare sight to see 26 patients, in identical bed traction at the same time. They are all at least four months post-operative now, and I am glad to report that not a single untoward complication has occurred.

The above statement speaks well for the present day medical care available in Norway. Their hospitals are built, managed, and equipped very much like our own. A few drug shortages exist, but they are otherwise not materially handicapped.

The medical care plan in Norway is of timely interest because it is a socialized form that has had sixty years of maturing. As it operates today, it includes 90% of the population in a governmental insurance coverage. Forty per cent of the members were obliged to enroll because of a minimum income; the remaining 50% are allowed voluntary membership. The coverage is comprehensive in that it pays for all medical services, and allows for hospitalization as long and as frequently as necessary.

The entire country is geographically divided according to population and adequate hospitals are provided in each area. These are general hospitals, built, owned, and operated by the government. The facilities are excellent, and the present aim is to improve transportation to make the existing hospitals more accessible in the more remote areas. In the North, where travel is practically limited to boats, they have already begun to build small hospital ships to bring facilities to the isolated, sparsely inhabited areas.

Members of the insurance plan are allowed in- and out-patient services in any hospital of their choosing. However, to



maintain distribution, the use of the nearest hospital is encouraged. The main teaching center is set up in the Riks Hospital in Oslo, which is perhaps the largest and is used for referrals from all of Norway. This corresponds to the highest court of appeal for the unusual and difficult cases.

All government hospital staffs are full time and are appointed by a central committee. The progression of rank is on a seniority basis of merit. This system allows for incentive that results in a high standard for the profession.

The exceptional liaison between the medical profession and the government has provided excellent opportunity to maintain intimate doctor-patient relationship in the form of private practice. There are many family physicians who are outside the sphere of full-time government service. These local doctors see patient X and provide home care. The government will allow a set fee for each visit and the patient X pays any difference in the cost. The government hospital will still provide complete care for patient X on referral, and on discharge patient X will return to the local doctor for further care, if he chooses. As a result, there is thereby created a close and harmonious interplay between government agencies and private physicians.

One outstanding defect in the entire system has been recognized by the Norwegian Medical Society, namely, the lack of provision for specialization. The full time system must train and qualify a surgeon, for example, to cope with any and all surgical problems with the idea that he may eventually be responsible for all the surgery in an outlying hospital. Because the scope of surgery is so great, he has no time for proficiency in one branch over that of another. It



SHOWING OVERCROWDED CONDITIONS IN  
OPERATING ROOM

is now well recognized that there must be, at least in certain centers, trained personnel available to do the more specialized work. This was the immediate reason for our invitation to medical Norway. We were asked to demonstrate present American trends in orthopaedic surgery, in order that they might compare it with their own, and thereby prove or disprove, as the case may be, whether they needed increased specialization. Before we left Norway, a new budget had been approved for the medical school, including for the first time in Norway a "Docentuer," which is a professorial chair, in Orthopaedic Surgery.

This would be the proper place to end the story, but there is more to tell. After operating on hips and other bone and joint conditions, lecturing to medical students, giving talks to medical societies, making instructional rounds at many surrounding hospitals, the schedule still was not finished. It remained for Dr. Smith-Petersen to receive an honorary degree of "doctor honoris causa" from the University of Oslo, become honorary member of the Norwegian Surgical Society, life member of a discreet social society, and then be cited personally with the Commander Order of St. Olaf, by King Haakon V.

# *Harvard Medical Society of New York*

The Harvard Medical Society of New York held its second dinner meeting since the war at the Harvard Club of New York on November 7, 1946. Dr. John F. Fulton, '27, Sterling Professor of Physiology at the Yale Medical School was the guest speaker. He spoke about Harvey Cushing's year in Europe in 1901 with Sherrington, Kocher and Kronecker, where he had his first opportunity to conduct experimental work in physiology of the nervous system. Because of the Centenary of Ether Anesthesia, Dr. Fulton describes some of the interesting historical sidelights associated with the discovery of ether anesthesia as well as Dr. Cushing's early experiences with the administration of ether anesthesia. When a student at the Medical School, he revealed that Dr. Cushing had several unfortunate experiences while etherizing at the Massachusetts General Hospital which stimulated his interest in anesthesia and led him to develop more accurate methods of controlling the administration of ether anesthesia.

The Harvard Medical Society of New York is now in its fifty-third year. It was founded in June 1894 by Drs. Dillon Brown, Reynold W. Wilcox, Frank H. Daniels, John W. Brannon, Royal Whitman and Howard Lilienthal for "the promotion of the scientific and social interests of its members." With the deaths of Dr. Howard Lilienthal, '87, April 30, at the age of 85, and Royal Whitman, '82, August 19, at the age of 88, the last of the founders of the Society are gone. At the meeting on November 7, Dr. C. Perley Gray, a past President of the Society, introduced the following resolution commemorating the death of Dr. Lilienthal:

"Members of the Harvard Medical Society of New York City, have learned with deep regret of the death of its fellow member, Howard Lilienthal, and the Society desires to place upon record its appreciation of his life and work.



HOWARD LILIENTHAL

"Doctor Lilienthal was a Charter Member of this Society and a member of the committee that applied to the State of New York for a Certificate of Incorporation, on June 18, 1894. The certificate was filed and recorded in the Office of the Secretary of State of New York, City of Albany, on the 27th day of June, 1894.

"Doctor Lilienthal became President of this Society in 1901. He was always one of our most active and enthusiastic members, attending all meetings with such good fellowship and cordial greetings that endeared him to the hearts of all the members. He frequently entertained the committees at his home, read papers at the regular meetings and always entered into discussion of papers and various subjects, giving to the members the benefit of his wide experience.

"Doctor Lilienthal had high moral courage and incorruptible integrity. His unusual ability,



together with his devotion and self-sacrifice for his special work brought him a brilliant career. He lived a noble and useful life, measured in deeds. The members of this Society bemoan the loss of this friend and counsellor but his rare personality and genial pressure of the hand will always remain with us."

The Society has, except for the war years, been an active organization. For a number of years after its founding in 1894, monthly meetings were held at the homes of the members. With the growth of the Society, this custom was abandoned and now two dinner meetings—one in the fall and one in the spring—are held at the Harvard Club.

Guest speakers have been an important feature at these dinner meetings. The records of the Society show a wide range of subjects and distinguished speakers. The first guest speaker was Dr. John C. Monroe of Boston who spoke in November 1901 on "Needless Laparotomy with a Report of Eight Cases." In March 1902, John M. S. Finney of Baltimore described a new method of pyloroplasty. Exactly ten years later, his son, John M. T. Finney came to discuss the role of fat in surgery. Periodically there have been speakers to discuss current conditions at the Medical School. The earliest of these was Dr. F. C. Shattuck who described "the present course of instruction" in February 1906. Professor William T. Councilman in March 1907 talked about "The Harvard Medical School: Its Ideals and Methods." Dr. Edward H. Bradford spoke on the Medical School in November 1912 and Dr. David Edsall was first guest of the Society in May 1921. While he was Dean, he continued to keep the Society informed about affairs at the Medical School. Dean Sidney Burwell has maintained this tradition and has promised to address the Society at its next meeting this spring to review the post-war plans of the School.

About 1920, there was a transition from

straight medical subjects to topics dealing with current events of world interest, for example, the explorers Vilhjalmur Stefansson and Capt. Bob Bartlett spoke on separate occasions of their experiences in the Far North. Admiral Richard E. Byrd spoke to the entire Harvard Club under the auspices of the Harvard Medical Society soon after his explorations at the North Pole.

It is also of interest to note in looking over our old records that as early as 1919 ideas relating to changing methods of medical practice were discussed; for example, Dr. George Kosmak of New York in December of that year spoke on health insurance, and the following month, Dr. William H. Mercur of Pittsburgh, Pa., discussed group medicine.

The first President of the Society was Rufus P. Lincoln. John Walker, '88, who was Head of the Surgical Department at Bellevue at the time, was President in 1900. He was succeeded by Howard Lilienthal in 1901. Other past Presidents include Ross McPherson, '02, Roger Dennett, '02, Fred Albee, '03, Joseph Horan, '15, Grant Pennoyer, '19, McIver Woody, '12, A. B. Reese, '21, William Lewis, '26, and Frank Smith, '21. In addition to President Francis P. Twinem, '25, the current officers are Russell H. Patterson, '25, Vice-President, and Ralph Gause, '30, Treasurer.

The next meeting of the Harvard Medical Society of New York will be held Thursday, March 27, at the Harvard Club, 27 West 44 Street, New York City. The guest speaker will be Dean C. Sidney Burwell who will speak on the present and future of the Harvard Medical School. Anyone interested in attending the dinner should communicate with Dr. George M. Wheatley, 1 Madison Avenue, New York City.

GEORGE M. WHEATLEY, '33, *Secretary.*



# Annual Meeting

The Centennial Celebration of the American Medical Association will be held in Atlantic City, June 9th to 13th, 1947. Significant advances in medicine and allied fields will be the subject of papers to be delivered on the General Scientific Program and also in the various Section Meetings. Foreign governments through our Department of State have been requested to send official representatives to this meeting. In addition, outstanding investigators in the basic sciences and clinical fields have been selected by representatives of the various Scientific Sections of the Association to present papers dealing with their studies and observations. Invitations have been extended to many different nations to participate in this historical event.

Illustrious graduates of Harvard have been invited to participate in various Section Meetings. On Monday afternoon, at the opening of the program of the General Scientific Meetings, Dr. Paul D. White and three leading authorities will present a panel discussion with question and answer period on the subject "The Modern Management of Heart Disease." On Tuesday morning there will be a panel discussion on "Emergency Surgery" with Dr. R. Arnold Griswold of Louisville, Kentucky, as the leader. On Tuesday afternoon a panel on "Antibiotic Therapy" conducted by Dr. Wesley W. Spink of Minneapolis, Minnesota, has been scheduled. In addition to these three panels for the General Scientific Meetings there will be a series of papers on such important topics as The Anti-Histamine Drugs; The Emergency Treatment of Vascular Occlusions; Significant Trends in Cancer Research; Cardiac Recovery; The Obstructive Prostate;

Psychosomatics—The Liaison Between Internal Medicine and Psychiatry; Poliomyelitis; Fractures; Skin Problems of the Elderly; Cancer of the Uterus; Radioactive Products in Medicine; and New Antibiotic Agents. Three distinguished foreign guests are to appear on the program for the General Scientific Meetings.

Nationwide interest on the part of doctors in this meeting is indicated by the fact that already over 12,000 reservations have been made at various hotels. On the Saturday evening preceding the meeting, a dinner will be given by the A. M. A. to approximately two hundred men of affairs representing the fields of business, labor, profession, and other arts and sciences. On Sunday morning, on a nationwide radio hookup, a religious program will be held at which time a distinguished Rabbi, Catholic and Protestant Divine will speak.

Tuesday evening, at the first General Meeting, foreign guests will be introduced, there will be an address by the President of the Association, and music will be furnished by a world famous organist and a violinist of equal renown. Wednesday evening, June 11th, the alumni of the various medical schools will hold their dinners. *The Harvard Medical Alumni Association* has engaged a large banquet hall in the Claridge Hotel on the Boardwalk. In view of the significance of the event a large attendance is expected for the dinner and annual meeting. Those who attend will have an opportunity to hear about recent activities in the School and reports of future plans. A detailed program will be published in the April issue of the BULLETIN and reply postal cards will be sent all members early in the spring.

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## TREASURER'S REPORT

Each year the graduates of the Harvard Medical School are asked for contributions to support the activities of the Alumni Association. It should be of interest to them, therefore, to know how much is contributed and what is done with it.

The following lists the receipts for 1942-1946:

			contributions
1942	-	\$3399.25	- 900
1943	-	4375.77	- 1089
1944	-	5192.85	- 1008
1945	-	6815.50	- 1192
1946	-	6399.61	- 1058*

\*Financial year incomplete.

In 1946, a special appeal was made for

fellowships for veterans. \$4675.63 was contributed. This sum has been turned over to the Medical School Committee for Fellowships, and will be used to aid in postgraduate studies for veterans. An accounting of this will be made in a subsequent report. Also, in 1946, \$1703.68, which was one-half of our bank balance for October 1945, was given by vote of the Council to the Medical School for scholarships for undergraduates. A report on these scholarships will be made at a later date.

For many years a Students' Sickness Fund has been maintained for aiding undergraduates who may have a long illness, thus averting hardship for them. During the war years, the present balance of \$642.00 has not been drawn upon. In all likelihood, need for this fund may be expected soon now that students cannot count on Army and Navy hospitalization.

The bulk of our funds is used to maintain the office and to pay the deficit of the Bulletin. In addition, a complete alphabetical, geographical and class card file of the Alumni is kept, which is frequently used in connection with reunions. Incidentally, there is no charge for the secretarial service in arranging reunions. Deficits incurred at annual Alumni Association Meetings are also made up out of our funds.

It is fitting at this time to extend thanks to those who have so generously supported our activities in the past. It is obvious that if our commitments are to be fulfilled in the future, our annual appeals for funds must meet with the same loyal support.





## Book Reviews

### PLASTER OF PARIS TECHNIQUE IN THE TREATMENT OF FRACTURES AND OTHER INJURIES.

By Thomas B. Quigley, M.D. '33. 107 pages. New York: The Macmillan Co., 1945. Price \$3.50.

"Plaster of Paris Technique in the Treatment of Fractures and Other Injuries," by Thomas B. Quigley, '33, is an excellent discussion of the subject and should be read by all who treat traumatic conditions. Those with lesser experience should refer to it frequently as their knowledge of the actual handling of Plaster of Paris increases. The chapter on General Considerations contains several suggestions not generally known to many surgeons who have applied plaster for years. The remaining chapters dealing with the application of plaster bandages for specific injuries offer some descriptions and illustrations requiring the minimum amount of assistance. However, some of the illustrations of "posed" subjects may not always be applicable if one is dealing with painful or unstable fractures.

Particularly good parts of this book are the "DON'TS" in the application of Plaster of Paris and the dangers which may follow its use. Too great emphasis cannot be placed upon the latter.

Other worthwhile suggestions are the method of reinforcing plasters, particularly spicas, by the incorporation of steel rods and the use of the removable greased rubber tube under the plaster and over which the cast can be cut.

For practical use this book is the best of its kind published in recent years.

EDWIN F. CAVE, '24.

It's How You TAKE IT, by G. Colket Caner, M.D. '22. 152 pages. New York: Coward-McCann, Inc., 1946. Price \$2.00.

G. Colket Caner, '22, Instructor in Neurology at Harvard Medical School, has written this small book "to bring together common sense and useful information which every person over sixteen should have about the use of the mind and the effect of emotion, and about types of reaction to various circumstances that everyone

meets both in school and in later life." The book is to be recommended, as he suggests, for discussion classes in schools. The fact that the author is an athlete (he has gone to the semi-finals in national singles and world doubles championship tennis matches) should take some of the stigma out of psychological discussions for the high school boy or girl. Sarah Palfrey Cooke has recommended the chapter on "Attitudes in Games and the Psychology of Competition."

The author's ideas are expressed in short, simple paragraphs which answer such question headings as, "What are the Results of Seeking a Feeling of Superiority from Praise, Attention or Appreciation? How Can You Train Yourself to Do Your Best? What Helps a Person to Develop More Mature Attitudes?" In fact, the message of the book is the development of maturity by recognition of the childish, primitive or less effective ways of reacting to situations. Simple case histories illustrate many of the points. History and fiction are frequently drawn upon: Kaiser Wilhelm and Noguchi each had crippled arms, but their ways of reaching for superiority were quite different; Kipling's "If" is quoted; Eugene O'Neill's "Lazarus Laughed" illustrates that the only death we need to fear is spiritual death. It is noteworthy that the psychiatrist recommends prayer as a conscious (not automatic) method of renewing ideals for reacting well to life.

The book is not easy to read since it lacks the adornments of either easy style or startling "wake-me-ups." Sex and pornography are almost completely missing (probably the author's deliberate understatement). Teachers would find a minimum of embarrassment in using it as a text for young people. Doctors and parents should find it useful reading, and it would be handy to loan to a patient, a son, or a friend.

"How You Take It" is to face it and take it in what more amiable people might think the hard way. But the advice is much needed and in many ways refreshing. For example: "Those in authority who fail to enforce discipline do not help us to control and outgrow immature traits . . . How are boys and girls best prepared for the demands of later life? By being required to observe rules and by being given more and more responsibility, so that at an early age they become used to rules and responsibility and learn to accept them."

CLARK W. HEATH, '26.



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